



The Regulation and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 11 February 2019



Andena

Type of Service: Residential Care Home
Address: 206-208 Ballymoney Road, Ballymena
BT43 5HJ
Tel No: 02825644767
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 36 beds that provides care for residents within the categories of as care outlined in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: James Joseph McConville Responsible Individuals: James Joseph McConville	Registered Manager: Christina Ann Shields
Person in charge at the time of inspection: Christina Ann Shields	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 36

4.0 Inspection summary

An unannounced inspection took place on 11 February 2019 from 10.45 to 17.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection sought to assess progress with issues raised during the previous inspection on 13 September 2018 and also focused on meals and the mealtime experience for residents.

The following areas were reviewed during the inspection:

- staffing
- environment
- meals and mealtimes
- management and governance

Residents and/or their representatives shared positive comments regarding their life in the home, relations with staff and the quality of care provided.

One area for improvement was identified during the inspection; this related to ensuring there was a robust system in place to ensure the regular review and updating, and no less than annually, the needs assessments for residents in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Christine Ann Shields, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 13 September 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: accidents and incidents reported to RQIA since the previous inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with 15 residents individually and others in groups; four care staff; the cook; two residents' visitors/representatives; the deputy manager; and the registered manager.

The following records were examined during the inspection:

- staff duty rota
- four care records
- menu planner
- records of meals provided
- accident and incident records
- complaints and compliments records
- minutes of staff meetings
- minutes of residents meetings
- annual quality review report

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 13 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13.9 Stated: First time	The registered person shall ensure a legionella risk assessment is completed and any recommendations are actioned accordingly. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records made available by the registered manager and shared with the estates inspector confirmed a legionella risk assessment had been completed and regular checks were in place.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure the wall plaster in the identified bathroom is improved upon. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the environment confirmed that the area had been improved upon.	

Area for improvement 2 Ref: Standard 29.6 Stated: First time	The registered person shall ensure all staff participate in a fire evacuation drill at least once per year. Action taken on problems or defects is recorded. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records maintained in the home showed that fire drills were completed on a regular basis. The registered manager confirmed any problems would be addressed appropriately.	

6.3 Inspection findings

6.3.1 Staffing

The registered manager confirmed the daily staffing provision for the home and that these levels were subject to regular review to ensure the assessed needs of the residents were met. A review of the staffing rota from 3 February 2019 to 17 February 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support the care staff. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents.

Observation of the delivery of care evidenced that residents' needs were met by the levels and skill mix of staff on duty and that staff attended to residents' needs in a timely and caring manner.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also stated that if they had any concerns they could raise these with the registered manager or deputy manager.

Staff spoken with demonstrated the ability to communicate effectively with their colleagues, representatives and other health care professionals. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in the home. We also sought the opinion of residents on staffing via questionnaires. Nine resident questionnaires were returned. Eight responses indicated that they were very satisfied with the care they received; one response was satisfied and all indicated there was "enough staff to help you".

Some comments received during the inspection included:

- "The staff are all very kind." (resident)

- “Staffing levels here are a lot better than what I have worked in other places. If someone is sick (staff member) they get cover.” (staff member)
- “I enjoy working here.” (staff)

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Environment

An inspection of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and general reception area. Bedrooms were found to be personalised and in good decorative order. The home was found to be warm, well decorated, clean and fresh smelling throughout.

Residents spoken with were complimentary in respect of the homes environment.

Observation of staff practices and care delivery and review of records evidenced that infection prevention and control measures were adhered to.

Fire exits and corridors were observed to be clear of obstruction. The home had an up to date fire safety risk assessment in place completed in March 2018; any recommendations had been addressed. Review of fire safety records showed that firefighting equipment, fire alarm systems, fire doors and emergency lighting were checked on a weekly basis. Practice fire drills were completed on a regular basis and records were retained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Meals and meal times

The registered manager advised residents were provided with a nutritious and varied diet to meet their individual needs. Discussion with the cook confirmed that arrangements were in place to ensure that anyone on a specialist diet, for example textured or diabetic diet, had appropriate choices and alternatives provided. The registered manager advised that if a resident did not want what was on the menu on any day, an alternative meal could be provided.

Review of records maintained in the kitchen showed any residents with specialist dietary requirements were recorded for staff. The need to keep this information under review and update accordingly was discussed with the registered manager and the cook who confirmed that this was done on an ongoing basis. The cook also confirmed that the menu rotated on a three weekly basis; records available confirmed this and the cook confirmed the menu was also adjusted for special seasonal events, for example Christmas and Easter.

During the inspection residents were observed as being supported with a choice of snacks during morning tea. Staff were observed assisting residents as necessary. Cold drinks

including juice and water were observed as being readily available throughout the day in the main lounge areas.

The registered manager advised residents were involved in the planning of menus, and that their personal likes and dislikes regarding food choices were discussed and recorded during admission to the home. The benefit of regularly gathering residents' feedback regarding meals provided was discussed with the registered manager who confirmed this area is regularly discussed during residents' meetings.

The dining room was observed as being clean, bright and warm. Tables were neatly set with table cloths, table mats, napkins, cutlery, and condiments. The daily menu was displayed in written format on a large notice board in the dining room.

Staff were observed supporting residents at lunch time and offering assistance as needed. Meals were provided in an unrushed manner by staff, and residents appeared to enjoy the mealtime experience.

Four care records were reviewed; these included relevant information with regard to residents' specialist dietary needs. For example, two of the care records reviewed contained specific Speech and Language Therapist (SALT) guidance. Discussion with staff confirmed that they were aware of the information and how best to support residents with their individual dietary needs. There was a system in place to ensure weights were recorded regularly. The importance of staff recognising significant weight changes and responding appropriately to same was discussed with the registered manager, who confirmed awareness of this issue would be raised with staff to ensure monitoring on an ongoing basis.

During the review of care records, it was noted the assessment of needs for three residents had not been reviewed and updated at least annually. Care plans in place had all been recently reviewed and updated. The issue regarding the regular review and updating of assessment of needs was discussed with the registered manager. The need to ensure there was a robust system in place, ensuring assessments were reviewed and updated on an ongoing basis and no less than annually, was discussed with the registered manager. An area for improvement was identified to comply with the standards.

Residents spoken with during the inspection made the following comments:

- "The food is lovely, it's great that I have it set down in front of me and I don't have to worry about making it."
- "The food is lovely."
- "The food is very good."
- "Can't find any fault, they (staff) are all very kind."

Areas for improvement

One area for improvement was identified during the inspection; this related to ensuring a robust system was in place to review and update the assessment of needs for residents on a regular basis and no less than annually.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3.4 Management and Governance Arrangements

Discussion with staff, residents and residents' representatives evidenced that the registered manager's working patterns supported effective engagement with residents, their representatives and the multi-disciplinary team. Staff were able to identify the person in charge in the absence of the registered manager.

Review of the home's complaints records, accidents and incidents records and annual quality review report evidenced systems and processes were in place to regularly review the quality of care provided in the home. The completion of monthly monitoring reports was discussed with the registered manager.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Residents' representatives spoken with during the inspection made the following comments:

- "This place has been a blessing. Staff are fantastic, there is always someone about it is a reassurance. It is (like a) partnership for mummy's good, it is excellent, gives us peace of mind knowing she is here and is being well cared for. I have recommended (this home) to another family and their relative is here now also."
- "There couldn't be a better place. All the staff are great here, first class. I couldn't say a bad word about anything. Even outside you hear people talking about here saying how good it is, how well people are looked after."

Comments received from staff included:

- "The management are very good with problems, rotas, everything, they would rather you come to them. I think we are kept well informed, I thoroughly enjoy working here, I know (this home) is working well, I can really see the difference from working somewhere else."
- "Very well led, I enjoy working here."
- "Can go with anything (to the management) just ask and you get the proper answer."

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Christine Ann Shields, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 11 May 2019	The registered person shall ensure there is a robust system in place to review and update the assessment of needs for residents on a regular basis and no less than annually.
	Response by registered person detailing the actions taken: Resident's assessment of needs have now been reviewed and updated.

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews